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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *YES* *CHF*  
 This appln claims benefit of 60/463,486 04/16/2003

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *None* *CHF*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 06/17/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IL	SHEETS DRAWING 5	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>CHF</i>	Verified and Acknowledged	Examiner's Signature <i>CHF</i>	Initials	

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## TITLE

Fountain ink feed system

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